

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

10669590

FILING DATE

09-25-03

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		20				
22		20				
23		20				
24		20				
25		20				
26		20				
27		20				
28		20				
29		20				
30		20				
31		20				
32		20				
33		20				
34		20				
35		20				
36		20				
37		20				
38		20				
39		20				
40		20				
41		20				
42		20				
43		20				
44		20				
45		20				
46		20				
47		20				
48		20				
49		20				
50		20				
TOTAL IND.	2					
TOTAL DEP.	704					
TOTAL CLAIMS	706					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		20				
52		20				
53		20				
54		20				
55	1					
56		1				
57		1				
58		1				
59		1				
60		1				
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
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86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

CLAIMS ONLY							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP		
1	/						51	
2		/					52	①
3		/					53	①
4		/					54	①
5		/					55	/
6		/					56	/
7		/					57	/
8		/					58	/
9		/					59	/
10	/	/					60	/
11		/					61	
12		/					62	
13		/					63	
14		/					64	
15		/					65	
16		/					66	
17		/					67	
18		/					68	
19		/					69	
20		/					70	
21	/	/					71	
22		①					72	
23		①					73	
24		①					74	
25		①					75	
26		①					76	
27		①					77	
28		①					78	
29		①					79	
30		①					80	
31		①					81	
32		①					82	
33		①					83	
34		①					84	
35		①					85	
36		①					86	
37		①					87	
38		①					88	
39		①					89	
40		①					90	
41		①					91	
42		①					92	
43		①					93	
44		①					94	
45		①					95	
46		①					96	
47		①					97	
48		①					98	
49		①					99	
50		①					100	
TOTAL IND.	←		←		←		TOTAL IND.	←
TOTAL DEP.	←		←		←		TOTAL DEP.	←
TOTAL CLAIMS	←		←		←		TOTAL CLAIMS	←